FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

09 APR 10 PM 12: 13

| | TOT ATT AUTHORIZED COMMITTEE | | | | Office Use Only | | |
|--|--|---|-----------------------------------|----------------|--------------------------------|----------------------------------|--|
| NAME OF COMMITTEE (in full) | USE FEC MAILING OR TYPE OR PRI | | Example:If typing, over the lines | type | | | |
| CITIZENS FOR HARI | | 1 | 1 1 1 | | | | |
| | 1 1 1 1 1 1 1 | <u> </u> | | 1 1 1 1 | 1111 | | |
| ADDRESS (number and | street) P O BOX 811 | | | | | | |
| Check if differer than previously reported. (ACC) | IDES MOINES | | | | LIA L | 50304 | |
| 2. FEC IDENTIFICATION | ON NUMBER | CITY A | | | STATE A | ZIP CODE A | |
| C00166827 | | 3. IS THIS REPORT | NEW (N) | OR | AMENI (A) | STATE ▼ DISTRICT | |
| July 15 Qu October 15 January 31 | ts: parterly Report (Q1) arterly Report (Q2) Quarterly Report (Q3) | Election | COST-Election Rep | 12C) | General (Special (Runoff (3 | in the State of | |
| 5. Covering Period | 01 01 | 2009 | through | 03 | 31 | 2009 | |
| I certify that I have exam Type or Print Name of Tr | easurer Theresa | | owledge and belief | it is true, co | rrect and comp | plete. | |
| Signature of Treasurer | · <u> </u> | | | D |)ate 0.4 | 1 08 2009 | |
| NOTE : Submission of fa | llse, erroneous, or incompl | ete information | may subject the p | erson signin | g this Report t | o the penalties of 2 U.S.C 437g. | |
| Office Use Only | | | | | | FEC FORM 3 (Revised 02/2003) | |

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